ADDRESS

240. REC'D BY REGISTRAR

DATEN 3 0

24b REGISTRAR'S SIGNATURE

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death.

VS A15 (4)

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6.055 necessary, please exer. Page 4 should be cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CIDY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NGIAN d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM? files YES NO 4 deloy eral dir registror the tun. 3. NAME OF DATE OF DEATH First Middle funeral Month Yeor DECEASED ony (Type or print) 19 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. be retained f Months Days Hours Min. WIDOWED | DIVORCED | WITH yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? N 2, and ond 'and moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges 1, age 5 moy 24 hours poges Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH executed n Item 18. PART I. DEATH WAS CAUSED BY form IMMEDIATE CAUSE (o) pending" in pencil in Item iner's Office along with for be used as a buriol-transit **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPS PERFORMED? writing the word "pendin Thief Medical Examiner's O'R: Page 3 should be used YES | NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 0 MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while 196 at work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and find that to the Chief / DIRECTOR: F deoth resulted from: Noturel couses ... Accident Suicide Homicide , Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, lown, or county) (State) REMOVAL (Specify) 0 ADDRESS 23. FUNERAD DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Civiling S. Persus VS. A15ME(5) FEB 8 DATE 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH 520

ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A1S (4) 15M 9/S5

may be retained by the haspital ar attending physician.

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6	d	NAME OF HOSP OR INSTITUTION Physici	1			oddress) Hospital		d. STREET ADDRESS Washing						IDENCE FARM?
0	C	IAME OF DECEASED Type or print)			First	Middle Loretta		lost Barnes	4. DATE OF DEATH	Man	th	Do:	у ,	rear 9 61
	5. 5	Female			7. MARE	RIED NEVER MARRI	-	DATE OF BIRTH	379	9. AGE (In years lost birthdoy) 81 yrs.	IF UNDE Months	R 1 YEAR Days		
	10a.	USUAL OCCUPAT during most of wo House W	rking life, e	kind of wor even if retire	ed)	kind of Business of Home	OR INDUSTR	In Plata				ITIZEN O		COUNTRY
	13. F	William	N. S	ander	· s			14. MOTHER'S MAIDEN I		ent				
	15. \ {Yes.	NAS DECEASED EV NO or unknown)		. ARMED FC war or dates o	of service)	social security no		ormant Mc Lane Cr	uiksha	nk – La		. M	aryl	and
			ATH WAS	CAUSED BY ATE CAUSE		ne for (o), (b), and (c). ancer Bre						INTE ONS Ma.	RVAL BE	DEATH DEATH
		Conditions, if gove rise to couse (a), stoting lying couse lost.	immediate the <u>under</u>	e ( DUE T	(b) M	etastasis	to	Lungs				N	ov.	1.960
7	CERTIFICATION			FICANT CO	ONDITIONS C	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	RMED?
								50.50					YES 🔲	NO DO
		200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	'AS UNDERIGIO CAUSI Y MEDICAL	LYING [] E OF DEATH EXAMINER	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Part I or Par	t II of item 18.)				NO (XI)
	-4	20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m. p. m.	RY Medical	EXAMINER	Year 20d. It	CRIBE HOW INJURY O	20e. PLACI	(Enter noture of injury in E OF INJURY fHome, farm ry, street, office bldg., etc	20f. (City		(	(Caunty)		(State)
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VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

	537	CERTIFICA	TE OF DEATH		60555
o. COUNTY	CHARLES	MARYLAND	2. USUAL RESIDENCE (Where on STATE	b. COUNTY	Harford
RURAL and give	PLATA	5 years	X Have D	de corporote Jimits, write RURA	-
d. NAME OF HOSE	PITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
(Type or print)	FARTE S	llen HILEN B	A BACKELL .	DATE OF Month DEATH	Day Yeor 2 196/
s. SEX	W	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 1878	7 8 2 yrs. Mo	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
HOUS	TION (Give kind of work don- orking life, even if refired)	10b. KIND OF BUSINESS OR IND	Welmings	reign country) Del-	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	Herge Ba	HIS FIELD	14. MOTHER'S MAIDEN NAM	CES !	THER.
(Yes, no of unknown)	VER IN U. S. ARMED FORCES (If yes, give war ar dates of service		Mor albert Co	enfafell Address	La Plata Mis
	PEATH [Enter only one couse BEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	1 arteriosel	even	20 years
Conditions, if		Diabetes			20 year
gove rise to couse (o), statin lying couse las	ng the under- DUE TO	Cardiac 7	Pailere		5 years.
PART II. C	OTHER SIGNIFICANT CONDIT	ions <u>contributing to death</u> bu	JT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO
	WAS UNDERLYING 201 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	o. DESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in Port	l or Port II of item 18.)	
ZOc. TIME OF INJ Hour o. rr	n. 10		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	l0f. (City or town)	(County) (State)
	hat (I) (this haspital) c	ittended the deceased fram	7301		. 196/., that (I) (we) last an the date stated abave
22o. SIGNATURE	In Johns		M.D. ATTENDING MED. DIRECT	TOR STAFF PHYS.	1-2-6/ SIGNED
22c. PHYSICIAN'S NAME (Type		lotters on M-	D. 22d. ADDRESS	MATA, N	4.
230 BURIAL, CREMAT		23c. NAME OF CEMERRY	OR CREMATORY 23c	tand lis	u Md
24. PUDERAL DIRECTO	OR'S SIGNATURE	n Hands &	Lace MAZZO BEET BE		AR'S SIGNATURE  1 & Thomas

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## FOR STATE

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay necessary, The please execute the certificate, writing the word "bending" in pencil in them 18. Give Peges 1, 2, and 3 to the funeral crector. Pege 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR. Page 3 should be used as a buriel-transit permit. File pages 1 end 2 with the State Board of Health, or its designated agent, prior to burial, cremetion, or removal, and in any event—within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STREE

	_	
	1.	PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)  a. COUNTY  b. COUNTY  b. COUNTY
1		MARYLAND OFF Ches,
i		b. CITY OR TOWN (if outside corporate traits, write RURAL and give nearest town)
,,		UNGL LAGLATA S Mes X OR CYLLE PUR -
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
		YES NO I
		NAME OF First Middle Last 4. DATE Month Day Year
ì		Type or print) LEONARD DROWN DEATH 2 2 1961
	S.	SEX 6. COLOR OR RACE 7. MARRIED 18. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
i		OL. WIDOWED DIVORCED COMPANY
	10a do	. USUAN OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
		MATTOREA. TRUCK DRIVER ML- 1 UdA-
1	13.	FATHER'S NAME
)		SAMES INOWN HASICITA MANSHALL
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  s. rip., or ymlown) (Ifyes give wer or deles of service)
		NU 219-16-2463 MRS. ESTELLE BROWN, LAPLATA, MD
		18. CAUSE OF DEATH [Enter only one cause pop line for (e) (b), and (g).]  INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREIZIO DA LICE LICET PROPERTY CONSELAND DEATH
		33/X DUE TO Aleman 2100
		Conditions, if any, which (b) the conditions of
		gave rise to immediate cause (e), stating the underlying DUE TO
		cause lest. (c)
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
	₹.	YES NO
	CERTIFICATION	20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING
)	1.	CAUSE OF DEATH.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour 2.00. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)
	ME	5 p.m. /-2 196 f et work at work at work
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER
1		SIGNATURE / C/- CALLEY M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
1		EXAMINER'S DEPUTY MEDICAL EXAMINER
ĺ		NAME (Type) / L - U. L. L. L. L. Address (Street, city, town, or county)
	22e.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele)
		BURIAL 1-30-61 ST MARYS BRYANTOWN, Md.
	23.	FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 246. REGISTRAR SIGNATURE
	1	he HUNTT TONERALHOME, WALDERF, MD. DATEJAN 31 '61 aritum S. Knows

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ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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		539		CERT	FICA	TE OF DEATH	1		Reg. Dist. N		3537
	char	les		MAR	(LAND	2. USUAL RESIDENCE (WHO O. STATE Md.	ere deceased	lived. If institution b. COUNTY	n: Residence be Charles	fore odi	mission)
	b. CITY OR TOWN (IF RURAL ond give nec Waldorf		s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	utside corpor	ote limits, write RU	JRAL and give r	earest t	own)
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS				10	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Fir Ma		Middle E		lost Brown	4. DATE OF DEATH	Mont Jar		Doy 4	19 <sup>6</sup> 1
5. S	emale	6. COLOR OR RACE Negro	7. MARR	ED NEVER MARRI		uly 18, 1873		9. AGE (In years last birthday) 87 yrs.	Months Days		
10a	during most of worki Housewor	ng life, even if retired	ione 10b.	KIND OF BUSINESS OF	OR INDUSTR	11. BIRTHPLACE (Stote Maryland	or foreign co	untry)		OF WH	AAT COUNTRY?
13.	FATHER'S NAME	Turner				14. MOTHER'S MAIDEN N	iame iomas				
[Yes	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wor or dates of u		None		ormant unie Marshall	L, Wal	dorf, Man	ryland		
		mediate ( pur to	CI	for (o), (b), and (c)	- V	Myseaus	leal De	Faile			RALLS PARS
CERTIFICATION	PART II OTHI	ides	-0	aseu	lan	OT RELATED TO THE TERMI	1	tack	EN IN PART 1(0)	19. PER YES	AS AUTOPSY REFORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	206. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature of injury in F	art I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While of work	Not while of work		E OF INJURY (Home, farm, ry, street, office bldg., etc.		or tawn)	(Count	y)	(State)
	21. I certify the alive on	at I attended the	decease _, 126	1	death o			the causes a reet, city or town, s	nd an the d		he deceased ated above. DATE SIGNED

MEDICAL Hour o.m. p. m. 21. I certify alive on ACTUAL LEH M. SELON PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, (Stote) REMOVAL (Specify)
Burial

23. FUNERAL DIRECTOR'S SIGNATURE

1-18-61

ADDRESS Huntt Funeral Home, Waldorf, Md.

St Peters

240. REC'D BY REGISTRAR JAN 20'61 DATE

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

Waldorf, Maryland

VS A15 (4) 15M 9/55

TO HOSPITAL

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CERTIFICATE OF DEATH 541 Reg. Dist. No. director, illed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed a. STATE b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Pe RURAL and give nearest town) P ALDORF IATA shoul d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? MEMORIAL YES NO and .5 NAME OF 4. DATE First Middle Month Day Yeor filled DECEASED 196 DEATH Pages (Type or print) 9. AGE (In years lost birthday) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH etely Months Days WIDOWED M DIVORCED | papers. a Cam 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) pup HOUSEWORK carbon after FATHER'S NAME physician remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT 72 attending 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY 2 10000 IMMEDIATE CAUSE (o) DUE TO P Conditions, if ony, which E been signed gave rise to immediate per DUE TO cause (o), stating the underlying cause last physician. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? has YES NO T CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) certificate as the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Doy. Year 204 INJURY OCCURRED 20f. (City or town) (County) (State) Use Hour a. m. factory, street, office bldg., etc.) While Not while 19 ot work ot work p. m 1961, that I lost sow the deceased 21. I certify that I attended the deceased fram. LODAM, from the causes and an the date stoted obove. ond that death accurred at\_ FUNERAL DIRECTOR ADDRESS (Street, city or town, state) DATE SIGNED þ ACTUAL 3 should be prior SIGNATURE retained PHYSICIAN'S HNSON NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) page may REMOVAL (Specify) 10 ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4)

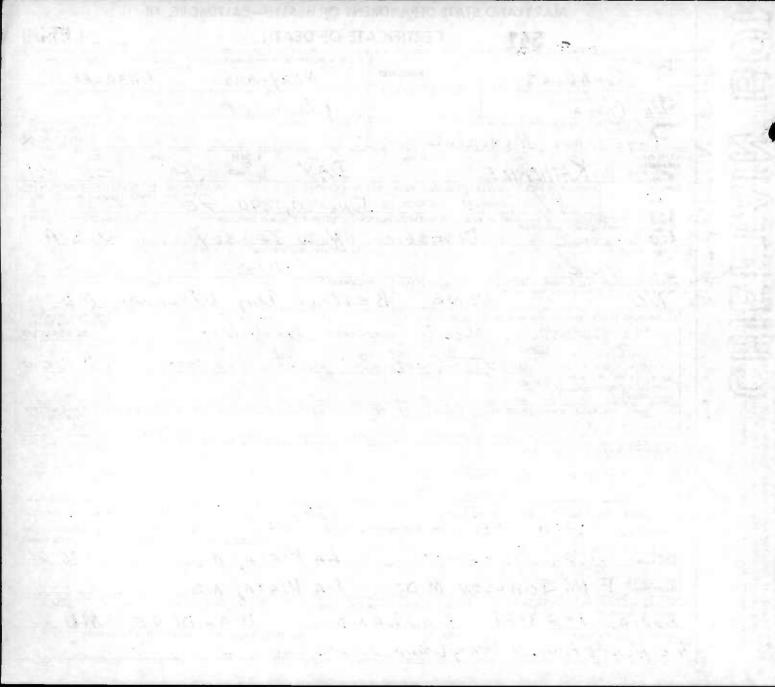
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certificate

death

1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1SM 9/S5

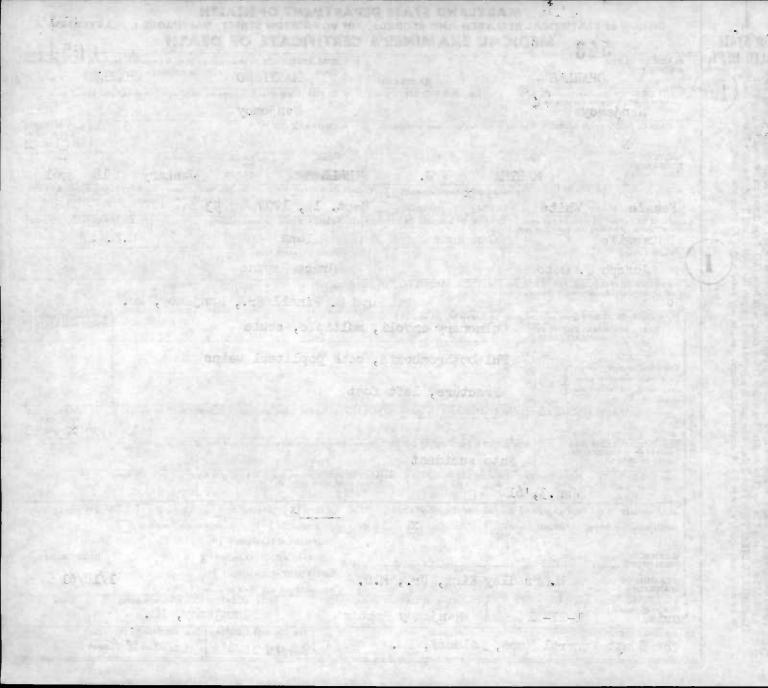
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH or your files. e. COUNTY CHARLES a. STATE MARYLAND MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) for your Nanjemoy Nan jemoy Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dely the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained it L DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Boated agent, prior to burial, cremation, or removal, and in any event suithin 72 hours after death. death. 3. NAME OF 4. DATE Middle DECEASED (Type or print) MARTHA J. FINALI. DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) 16. Female White WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retirad) Housewife Own Home Iowa FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph J. Otto Grace Repune 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unkown) ! (If yas give war or dates of service) No 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), end (c).] Pulmonary emboli, multiple, acute PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Phlebothrombosis, both poplitesl veins Conditions, if any, which (b) gave rise lo immadiata causa sase execute the certificate, writing the word "pending' should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a its designated agent, prior to burial, cremation, or rer DUE TO (a), stating the underlying Fracture, left foot cause last. CERTIFICATION 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of item 18.) CAUSE OF DEATH. Auto accident MV with MV MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) Not While factory, street, offica bldg., alc.) While Jan . 3. 61 at work Waldorf Rte at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection death resulted from: Accident X Suicide Homicide Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY W. Bradley King, Jr., M.D. EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Nanjemoy Baptist 1-27-61 940 p Burial ADDRESS 23. FUNERAL DIRECTOR VS. A15ME The Huntt Funeral Home, Waldorf, Md. DATEJAN 25 '61 5M 7/59

2. USUAL RESIDENCE (Whare deceased lived, If institution: Rasidence before edmission) b. COUNTY CHARLES c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) . IS RESIDENCE ON A FARM? YES NO X Month Day Yaar 1961 January 18 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Boyd M. Finall Sr., Nanjemoy, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO (County) (State) Md. Chas. Inquiry and in my opinion Undetermined manner DATE SIGNED 1/18/61 22d. LOCATION (City, town, or country) (Stata) Nanjemoy. Md. 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

VS A1S (4) 15M 9/SS

ofter death. Page 4

		544		CERTI	FIC	ATE OF [	DEATH	ł		Reg. Di		UU	146
1. P	COUNTY	harles		MARY	LAND	2. USUAL RESI	Maryl		d lived. If institut b. COUNTY			odmiss	ion)
Ь	. CITY OR TOWN (IF RURAL ond give nec	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	utside carpo	rate limits, write	RURAL and	give neare	est fawn	)
	Bel Al	ton (Rurs				X Bel	Alto	n (Ru	ural)				
d	OR INSTITUTION	AL (If not in haspital, g	jive street	address)		d. STREET A	DDRESS					ON A	DENCE FARM? NO
3. N	AME OF ECEASED ype or print)	John Fr		Middle Jenkins		los	1	4. DATE OF DEATH	Mo Ja		Doy		rear 19 61
5. 5		6. COLOR OR RACE	7. MAR	RIED T NEVER MARRI	ED 🔲	8. DATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDER Months			
	Male	Negro	WIDOW	ED DIVORCE		24 Nov	7. 18	93	67 yrs		Days	Hours	Min.
10a.	USUAL OCCUPATIO	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU			ar fareign c	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY?
	Laborer			Construct	ion	rla	rylan	d			U. S		
13. F	ATHER'S NAME					14. MOTHER'S							
K.	Fra	ink Jenkin	s			Ge	organ	ia Mit	chell				
		IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17.	INFORMANT			Add	dress			
	known	r yes, give war or dates or t	2	213-16-2958	K	Katie Jen	kins	- Bel	Alton,	Maryl	and		
		TH [Enter only one co		ne for (a), (b), and (c).								VAL BE	
	PART I. DEAT	H WAS CAUSED BY:		vocardial		notion					Trapper.		DEATH
	ーサン	IMMEDIATE CAUSE (d		VOCATUTAL	TIITO						1	iiieu.	Lave
	Canditions, if on	u otial s			a ha	- wh dian					1 7	0 100	20.20
	gave rise to im	mediate (		ypertensiv	e ne	eart dise	ase				1	O YE	ears
	couse (o), stoting to										1		
ATION		ER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR		FERFO	AUTOPSY RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture a	f injury in F	Part I or Part	t II of item 18.)				140 1
MEDICAL	Poc. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d. I While of wor		20e. Pl fa	ACE OF INJURY ( oclory, street, office	Hame, form bldg., etc.	, 20f. (City	or town)	(0	County)		(State)
	21. I certify the	at I attended the	deceas	ed from	Jan	. 19 4	8 to	Jar	1 , 196	L that L	Inst saw	the	deceased
	alive an 19		19	60 , and that									
	anno an alampa	1	, '/	, and man	acan	i decorred de			reet, city or town		ie dule		TE SIGNED
×	ACTUAL SIGNATURE	Tour	20	ld M	0	M.D. ,	La Pla	ata, M	d.		14	Jan	1961
	PHYSICIAN'S NAME (Type) A	rthur O. We	ooddy	, M. D.									
220.	BURIAL, CREMATION REMOVAL (Specify)	1/17/1		22c. NAME OF CEM St. Tho		Cemetery			ION (City, town, 1 Alton	or county), Mary	land	(State	:)
23. 1	UNERAL DIRECTOR'S	SIGNATURE	40	ADDRESS			24a. REC'D	BY REGIST	RAR 24b. REG	ISTRAR'S SIC	SNATURE		
	Archart Fi	uneral Hom	e , ]	nc La P	lata	Md.	DATE J	AN 19	61 (	Irthur &	. Krau	A	

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MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH
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	545 CERTIF	FICA	TE OF DEATH	00543			
1.	PLACE OF DEATH	<b>YLAND</b>	2. USUAL RESIDENCE (Where deceased lived. If instit o. STATE b. COUN				
	CHITICE		MARYLAND	CHARLES			
11	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  RURAL and give nearest town)						
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ME UT CHARLE Read		ME Outerra Road.	e. IS RESIDENCE ON A FARM? YES NO			
3.	NAME OF DECEASED (Type or print) LOUISE ELA(1/Y)		MARSHALL 4. DATE OF DEATH	Nonth Day Year 2 1961			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCE	_	B. DATE OF BIRTH  13 JUNE, 1894  9. AGE (In year lost birthdo)	Months Days Hours Min.			
10	USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  OWN Hom	OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) HAMPTON, Ulvgline	12. CITIZEN OF WHAT COUNTRY			
13.	FATHER'S NAME PETER STEVENSONY		EMMA Brown				
15. (Y	WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO  17. Social Security NO  18. Social Security NO  18. Social Security NO  18. Social Security NO  18. Social Security NO	). 17 IN	11 1 1	Wecking. Ald.			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).	.]		INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Mystaidie	( a	Sarcton	3 min			
	Conditions, if ony, which) (b) Careberl 10	300	ula accident	18 mo			
	gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  (c) Hyplathum	- /	heart distance	Bylaz.			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
CERTIFI	20g. ACCIDENT WAS UNDERLYING ACONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of twork		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (State			
	21. 1 certify that (I) (this haspital) attended the deceased						
	saw the deceased alive an 22a 194, and	that a	death accurred at M. fram the causes	and an the date stated above			
	22c. PHYSICIAN'S		M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.  22d. ADDRESS	2. January 196			
	NAME (Type) ARTHUR O. WOODD	Y. M	ID LAPLATA, MA	1RYLAND			
L	BUTIAL Specify 1-5-61 Shilo	AETERY O	Methodist Newb.	org. Md.			
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		250. REC'D BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE			
1	LE HUNTT I UNCIAL HOME, WALD	ORF	/VICE DATESAN 6 '61	allua & thous			

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 546 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7.8 FilmG280. 2: USUAL RESIDENCE (Where decased lived, If Institution: Residence before edmission) PLACE OF DEATH rector, Page your files. d of Health, a. COUNTY b. COUNTY Charles Charles Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) your write RURAL and give neerest town) Waldorf Board LaPlata d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? funera retained he State B Rt. 1, Box 2014 YES NO Physicians Memorial Hospital death. 3. NAME OF es 1, 2, and 3 to the furpage 5 may be retains 1 and 2 with the Step 72 hours after deat DATE Month Day Year DECEASED OF (Type or print) DEATH 19 61 JOSEPH MCKENNY January 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male WIDOWED DIVORCED White October 8.1900 60 should be executed within 24 hours after g" in pencil in Item 18. Give Pages 1, 2, at 5. Office along with form PM3. Page 5 r a burial-transit permit. File pages 1 and 2 emoval, and in eny exertivithin 72 hou 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland USA Merchant Grocery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Hardestv John T. McKenny 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address te 1, Box 201A (Yes, no, or unkown) | (If yes give war or dates of service) 218-12-9173 Mrs. J. Arthur McKenny Waldorf, Md. 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gunshot wounds of head IMMEDIATE CAUSE (a) removal, DUE TO certificate should rd "pending" in p Conditions, if eny, which (b) gave rise to immediate cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (e), stating the underlying 0 cremation, or cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION PERFORMED? K NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS age 3 shout to burial, r PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. Shot during holdup 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Waldorf Charles Md. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion EDICAL egent, Suicide Homicide X Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER DO designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Russell S. Fisher. M.D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 940 Burial Feb. 2, 1961 Mt. Harmony Cemetery Nr. Owings, Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME aurun DATE FEB

NAME OF STREET PARTITIONS OF STREET OF STREET a company and a property of the A CONTRACT OF THE CONTRACT OF NUMBER OF STREET STREET, STREE

VS. A1SME(S) 5M 9/55 00545

Reg. Dist. No.

	o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE  Maryland  b. COUNTY  Charles							
	b. CITY OR TOWN (If outside corporale thirts, write RURAL and give nearest town)  A creat Wite Class  Waldorf. Md.							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)							
	NAME OF DECEASED (Type or print) CON An IN (Tiggle	CLERAL 4. DATE Month Doy Year OF DEATH / 1961						
	WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years lost birthday)  June 15 1903  9. AGE (In years lost birthday)  57 yrs.  IF UNDER 1YEAR IF UNDER 24 HRS.  Months Days Hours Min.						
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 4. CITIZEN OF WHA 5. CITIZEN OF WHA 6. CITIZEN OF WH								
13.	Joseph C. Pickeral	14. MOTHER'S MAIDEN NAME Heneritta Robey						
15. (Ye	s. no. or unknown)   (If yes, give wor or dates of service)	Mrs. Willie Adams, Waldorf, Md.						
7	18. CAUSE OF DEATH [Enter only one couse per line for (gr/lb) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  DUE TO  Could Carry, France Alexander  DUE TO  Couse lost.							
CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (Enter noture of injury in Port I or Port II of item 18.)						
MEDICAL C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL White Not white of work of work of work 21. I certify that I taok charge of the remains described ab	30 human The tellan Clean Sky						
	ACTUAL SIGNATURE CO delan  EXAMINER'S  EXAMINER'S	A.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER						
220	Burial Cremation, 22b. Date Thereof REMOVAL (Specify) Burial Jan. 13 1961 Oakland Come							
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	de DATEJAN 1 6 '61 Cithur S. Kraus.						

## MARYIAND STATE DEPARTMENT OF PEACH - BALTIMORE 18 5 2 7. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4	nding physician.	cate has been signed by the attending physician and completely filled in by the funeral directar,	Se page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with	the State Board of Health prior to buriol, cremation, ar remayal, and in any event within 72 hours after death.	
ificate be execu		hysician and cor	dave carbon pap	t, within 72 hours	
at the death cert		the attending p	Then please ren	and in any even	
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ATTENDING P	B by the haspita	RECTOR: After th	be detached far	of Health prior	
TO HOSPITAL	may be retains	TO FUNERAL DI	page 3 should	the State Board	
VR 15	A	15	(4)		

TO HOSPITAL

		930		CERTIFIC	ATE OF D	EATH				600	040
1.	PLACE OF DEATH	HARLE	5	MARYLAN	o. STATE A	DENCE (Where	e deceased lived	l. If institutio b. COUNTY	n: Residence b	efore admi	ssion)
	RURAL and give n	474.		I day	X Ru	OWN (If outs	side corporate li	mits, write RL	JRAL and give		
	d. NAME OF HOSPIT	TAL (If not in hospital, g	NE MO		d. STREET	Nav	bun	•		ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Emma	" J.	Middle	Poses	1	OF DEATH		uam.	21	Year 19 (2
5,,	Female	6. COLOR OF RACE	WIDOWED []	NEVER MARRIED [	2/12	174	las	birthday) byrs.	Months Doy	ys Hours	Min.
	during mast af wor	ON (Give kind of work king life, eyen if retired	done 10b. KIND		Nar	njemoy	, Maryl		U.S		COUNTRY
		nard Wright				th J. B					
	No. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or doles of s	No No		7. INFORMANT Mrs. Sadie	Wheel	er- Dau	Address Ehter-	Marbu	7	Md.
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, Kes	o), (b), and (c).]	fact	-				NTERVAL E	D DEATH
	Canditions, if a gave rise ta i couse (a), stating	mmediote (	Me	fashba	les	<del></del>			MES	Ima	mh.
ATION	lying couse last.	HER SIGNIFICANT CON	DITIONS CONTR	BUTING TO DEATH	BUT NOT RELATED TO	THE TERMINA	AL DISEASE COM	NDITION GIVI	EN IN PART 1(d		AUTOPS' ORMED?
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCU	RRED. (Enter nature o	f injury in Par	rt I or Port II of	item 1B.)		160	_ KO _
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Doy, Ye	While h	OCCURRED 20e	PLACE OF INJURY ( factory, street, office		20f. (City or to	wn)	(Cour	ity)	(Stat
	21. I certify the	at (1) (this hospital	/ / -	//	at death occurre	196 d at 1151		~-			
	22a. SIGNATUR	nova	edy.	110	M.D. ATTENDIN	DIRE	CTOR PH	AFF IYS.		2	2b. DATE SIGNE
	PHYSICIAN'S NAME (Type)	ARTHU		Clos DD	22d. ADDR	RWOO	o Ch		APL	ATA	MD
	REMOVAL (Specify)	1/24/196	il Ps	/	er or crematory		Marbur	y Ma	ryland		ote)
24.	Archart F	uneral Home	a c	La Plata	, Md.	DATE DA	BY REGISTRAR 1 '61		TRAR'S SIGNA		

CHARLES CHARLES The second of th 

## MARYLAND STATE DEPARTMENT OF HEALTH

TIMORE 1, MARYLAND

549 CERTIFICATE OF DEAT	DIVE	SION OF STATISTICAL KESEAKCH AND KEC	OKDS - BAL
	549	CERTIFICATE O	F DEATH

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ORANGITITUTION  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED PROCTOR  8. DATE OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED PROVER MARRIED  8. DATE OF BIRTH  12 March 1903  9. AGE (In years If UNDER 1 YEAR IF L Months Days Ho M	
SEX   6. COLOR OR RACE   7. MARRIED   DIVORCED   DIVO	
3. NAME  4. DATE  5. DEATH  5. SEX  6. COLOR OR RACE  7. MARRIED  6. COLOR OR RACE  7. MARRIED  6. COLOR OR RACE  8. DATE OF BIRTH  12 March 1903  9. AGE (In years lost birthday)  1001. USUAL OCCUPATION (Give kind of work done durips) most of working life, even if retired)  1002. USUAL OCCUPATION (Give kind of work done durips) most of working life, even if retired)  1003. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH  18. CAUSE OF DEATH  19. LETT OF COLOR  19. SCAH  10. INTERVALONSET  10. INTERVALONSET  10. OCCUPATION (Give kind of work done lost service)  10. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHE  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH  18. CAUSE OF DEATH  19. LETT OF WHE  19. CAUSE OF DEATH  19. CAUSE OF DEAT	tawn)
DECEASED (Type or print)  S. SEX  6. COLOR OR RACE   7. MARRIED   DIVORCED   B. DATE OF BIRTH   OST DISTRIBUTION   OST DISTRIBU	RESIDENCE ON A FARM? IS NO 1
Male Negro WIDOWED DIVORCED 12 March 1903 Soft birthdoy)  Non the Days Ho  10a. URGYO WIDOWED DIVORCED 12 March 1903 Soft birthdoy)  Windows of working life, even if retired)  U.S. Govt MARYLAND 12. CITIZEN OF WH  WARYLAND 13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Industry No. 17. INFORMANT Address  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Industry No. 17. INFORMANT Address  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  10ast birthdoy)  12. CITIZEN OF WH  WARYLAND 12. CITIZEN OF WH  WARYLAND 12. CITIZEN OF WH  WARYLAND 13. MOTHER'S MAIDEN NAME  APPLEY  Address  ONSET / ONS	Year 19 (4)
during most of working life, even if refired)  Retived  U.S. Gout  MARYLAND  U.S.  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  MARY E. HARLEY  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  LOSPITAL  Collapse	JNDER 24 HRS. Durs Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Ind. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).]	A .
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LOSPITATION  Collapse	
The DUE TO	AL SETWEEN AND DEATH
Conditions, if any, which gave rise to immediate (by Myrandtal infarct)	shrs.
cause (o), stoting the <u>under-</u> lying cause lost.  (c)	
	VAS AUTOPSY ERFORMED?
20c. TIME OF INJURY Manth, Doy, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while at work at wo	(Stote)
21. 1 certify that (1) (this hospital) attended the deceased from 16 Jan 1961, to 17 Jan, 1961, that saw the deceased alive an 17 Jan 1961, and that death accurred at 1870M, from the causes and an the date sto	
220. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS.   1 STAFF PHYS.   1 STAFF	22b. DATE SIGNED
PARTHUR O. WOODDY, MD 22d. ADDRESS	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  REMOVAL (Specify) 1-21-61 St Catherines Mc Conchie Md.	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  The Hunth Funeral Home, Waldorf, M. 1.  DATE JAN 25'61  CITCHER S. Kraus	

moy be remained by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by T. Funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL

er deoth. Poge 4

VR A1S (4) 1SM 9/59

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er death. Page 4 TO HOSPITAL (\*\*\* ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 the Stote Board of Health priar ta burial, cremation, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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and 2 shauld be	0	66
hen please remove corbon papers. Poges 1	nd in any event, within 72 haurs after death.	
e 3 shauld be detached far use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled wi	state Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.	0

CERTIFICATE OF DEATH					
1. PLACE OF DEATH o. COUNTY  CHARLES  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  M. COUNTY  CHARLES  HAPLES					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  A LATA  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  A LATA					
d. NAME OF HOSPITAL (If not in hospital, give street address) OBJINSTITUTION HYSICIANS MEMORIAL  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)					
3. NAME OF DECEASED (Type or print)  ANNIE TULIA ROBINSON  4. DATE OF OF DEATH  TAN. 21, 1961					
5. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  Female  White  NEVER MARRIED   B. DATE OF BIRTH  SEPT. 27 1884  9. AGE (In yeors lost birthday)  Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  HOUSEWIFE  DWN HOME  NARY HAND  12. CITIZEN OF WHAT COUNTRY?  U.S.A.					
13. FATHER'S NAME  TODFREY LANG  14. MOTHER'S MAIDEN NAME  SUSAN M. SIBERT					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CHARLES ROBIN SON, HUGHESUILLE, MD.					
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the under: lying couse lost.  Conditions (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN GIVE					
20c. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work work work work work work work work					
21. I certify that (I) (this hospital) attended the deceased fram JANUARY. 1998, to JANUARY 21, 1998, that (I) (12) last saw the deceased alive an JANUARY 21, 1998, and that death accurred at M. fram the causes and an the date stated abave.  220. SIGNATURE  220. DATE SIGNED PHYS.  220. DATE SIGNED PHYS.  221. ADDRESS  NAME (Type)  10 AN H. GRIFFIN, M.D. HUGHES VILLE, MD.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City, town, or county) (State)  BURIAL 1-24-61 OIL FIELDS HUGGEST! 1/C, MX.					
24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REDISTRAR 256. REGISTRAR'S SIGNATURE  The Hunt Funeral Home, Wallout 4 Md. Date JAN 25'61  Outling & Kraus					

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FOR STATE HEALTH DEPT necessary, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deleges arry, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral mector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

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MAKYLAND STATE DEPARTMENT OF HEALTH	
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
551 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	GU549
	. 00040

-	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission)
A	charles maryland	*. STATE MARYLAND b. COUNTY CHARLES
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Rock Point	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres! lown)  Rock Point
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS   a. IS RESIDENCE
	(Rural )	( Rural)
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
	(Type or print) Phillis L.	SARGENT DEATH January 25, 19 61
		B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Female   Colored   WIDOWED   DIVORCED   ]	November 15, 1961   lest birthdey)   Months   Days   Hours   Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Infant	Charles County , Md. U.S.A.
J	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Franklin Sargent	Ruth Edelen
1	15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (Ifyesgivewarordatesofservice)	INFORMANT Address
	No None I	Ruth Edelen - Rock Point, Maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia.	ONSET AND DEATH
	4-93 × DUE TO	
	Conditions, if any, which	
	geve rise to immediate cause	
	(a), stating the underlying	
	(6)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
-	OE -	PERFORMED?
	20a, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED.	YES NOCK
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURED. ( CAUSE OF DEATH.	Enter natura of injury in Part I or Part II of item 18.)
	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL/	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED Occurred fee at work at work 19	tory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection X, Inquiry , and in my opinion
	death resulted from: Natural causes X, Accident , Suice	ide, Homicide, Undetermined manner
	1.1	CHIEF MEDICAL EXAMINER
,	SIGNATURE Will. Upon	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	EXAMINER'S William V. Lovitt, Jr., M.D.	DEPUTY MEDICAL EXAMINER January 26, 1961  Address (Street, city, town, or county)
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O REMOVAL (Specify)	
	Burial 1/28/1961 Holy Ghost Ce	metery Issue, Maryland
	23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	Archart Funeral Home , Inc La Plata ,	DATE 1 '61 arthur S. Kraus
9.7	4000202, XV4	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00550

1. PLACE OF DEATH a. COUNTY HARLES	MARYLAND 2.	USUAL RESIDENCE (Where deceased o. STATE	lived. If institution: Residence b. COUNTY	befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town),	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpor	ate limits, write RURAL and giv	ve nearest tawn)
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	t address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William	C Middle Sc	Lost 4. DATE OF DEATH	JAN 2	Day Year 196/
MALE White WIDOW	VED DIVORCED D	Ec. 1, 1876	8 4 yrs. Manths D	YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	FARMING	11. BIRTHPIACE (State or fareign co	ountry)   12.C11126	S.A.
S. FATHER'S NAME  EDGA SCOTT		FANNIE Y	CATMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or un)mown) (If yes, give war or dales of service)	None Mes	Goldie Scot	t Charlotte	Hall, Md.
1B. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a)	line far (a), (b), and (c).]	unona		ONSET AND DEATH
5 1 X DUE TO				
gove rise to immediate couse (a), stoting the <u>under-lying cause last.</u> (b)  DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Port I ar Port	!! of item 1B.)	
Haur a.m. While	Employ	OF INJURY (Home, farm, 20f. (City, street, office bldg., etc.)	or tawn) (Co	ounty) (Stote)
21. I certify that (1) (this hospital) atten		th occurred at 23°M, fram		, that (1) (we) last
220. SIGNATURE MALMASO	M.D	ATTENDINGMED	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) FIM. JO	HOSON MD	22d. ADDRESS	A NA	
23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify)	23c. NAME OF CEMETERY OR CO	REMATORY 23d. LOCAT	CON (City, town, or county)	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE The HUNTT Funeral H	ADDRESS MALDROS	25a. REC'D BY REGIST	RAR 25b. REGISTRAR'S SIGN	

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VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
553	CERTIFICA	ATE OF DEATH Reg. Dis	1. No. 00551			
RUES	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MARYLAND b. COUNTY C f.	te before admission)			
autside corporate limits, write rest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and g	ive nearest town)			
L (If not in hospital, give street PHYSICIANS M		d. STREET ADDRESS STATE ROUTE #5	e. IS RESIDENCE ON A FARM? YES NO			
RONALL Lost Lost A. DATE Month Day Year OF DEATH JANUARY 24 1961						
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.						
N (Give kind of wark done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDUS	ITRY 11. BIRTHPLACE (Stote or foreign country) 12. CITI	U, S.			
VAIDZ.	Sellner	14. MOTHER'S MAÍBEN NAME JACGUINE BRA	rey			
IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROUND Address BRYANTOWN  RONALD L. Sellner - BRYANTOWN						
H [Enter only one cause per line H WAS CAUSED BY: CER IMMEDIATE CAUSE (o)		MORRHAGE SPONTANEOUS	ONSET AND DEATH			
DUE TO		(6 MONTH GESTATION)				

246. REGISTRAR'S SIGNATURE

athur & Kraus

24a. REC'D BY REGISTRAR

JAN 2 7 '61

5. SEX MALE 10a. USUAL OCCUPATION during most of worki LNE 13. FATHER'S NAME 15. WAS DECEASED EVER 18. CAUSE OF DEAT PART I. DEAT Conditions, if on gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 21. I certify that I attended the deceased fram 196/\_,that I last saw the deceased P.M. fram the causes and an the date stated above. alive an and that death accurred at 6 DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

1. PLACE OF DEATH

NAME OF

DECEASED

(Type or print)

b. CITY OR TOWN (If RURAL and give ned d. NAME OF HOSPITA OR INSTITUTION

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	D	993	she	F	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.
	U	Q.	V	U	0

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 554 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00552

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)		
I	o. COUNTY Charles MERVIAND	e. STATE b. COUNTY		
1	/	Maryland Charles		
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give necest town)  Pisgah	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Pisgah		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS     e. IS RESIDENCE		
		ON A FARM? YES \( \sum \text{NO} \( \sum \text{NO} \)		
	3. NAME OF DECEASED 11. 1 First Middle	CIL Last OF Month Dey Yeer		
	(Type or print) WILLIAM HERMAN	SHAFFER DEATH / 17 196/		
	5. SEX 16. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 NEVER MARRIED 1 NEVER MARRIED 1 NEVER MARRIED 1	March 26, 1923  9. AGE (In yeers   F UNDER 1 XAR   F UNDER 24 HRS.		
1	10e. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTR			
1	done during most of working life, even if retired)	11. DIKTRILACE (Siele of foreign country)		
4	Plumer (Ret.)   Construction	Pennsylvania U.S.A.		
	TS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
H	Dewight Shaffer	Iona Pepper		
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT Address		
1	(Yes, no, or unkown) (Ifyesgive werordelesofservice) Yes. 1943-1945 193-18-1390 Mi	rs. Helen G. Shaffer- Pisjah , Maryland		
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN		
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	MONOXIDE TOISON PSET AND DEATH		
1	973 / DUE TO			
	Conditions, if any, which \ (b) = N HALA + 1	ON CARFUMES 1-17-61		
1	geve rise to immediate cause	CIV CILIC CONTRACT		
1	(e), steting the underlying DUE TO	진짜 [2] 4는 1. 하는데 하는데 이 네티스 1일 시간 [1] [1] [1]		
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT INC	PERFORMED?		
	3	YES NO		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	Enter neture of injury in Pert I or Pert II of item 18.)		
	HATTINE IN THE	se to CAR EXHAUST		
ı	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Not While fed the work of wor	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)		
	Hour e.m. 1-17 1961 et work Hon			
1	21. I certify that I took charge of the remains described above, he			
9		ide , Homicide , Undetermined manner		
ı	dealli resulted it off			
CHIEF MEDICAL EXAMINER				
1	SIGNATURE ACCEPTANT OF THE SIGNATURE ACCEPTANT O	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED		
1	EXAMINER'S TE	DEPUTY MEDICAL EXAMINER		
	NAME (Type)	Madras fatacing with tryland 1-17-61		
ı	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or country) Z (State)		
	Burial 1/21/1961 Arlington Natl			
	23. FARRAL PHOTOR Tuneral KLADDERS, In	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		
	Archart Funeral Home , Inc La Plata	Md. DATEAN 23'61 Oatling & Krous		

STANDARD AND AND AND AND RECEIVED BY THE RESERVE OF THE PARTY OF THE P TRANSPORT OF THE PROPERTY OF T THE THE STATE OF THE PERSON OF The state of the s Control of the fact that the fact that the fact that the first is a fact that the fact

VS A15 (4)

15M 9/5B

PLACE OF DEATH

NAME OF DECEASED

5. SEX

(Type ar print)

13. FATHER'S NAME

b. CITY OR TOWN (If autsid RURAL and give regrest to

d. NAME OF HOSPITAL (IF n OR INSTITUTION Physicans Memo

10a. USUAL OCCUPATION (Giv during mast af warking life

Unknown

Span:

Charles F. 15. WAS DECEASED EVER IN U. no or unknown

Charle

555 CERTIFICA	ATE OF DEATH  Reg. Dist. No. 0553
les MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Charles
cutside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  X Liverpool Point (Nanjemoy Post Off.)
L(If not in hospital, give street address) emorial Hospital	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
CHARLES William	SULLIVAN 4. DATE Manth Day Year OF DEATH JAN 22 196/
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  Feb. 14, 1878  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HR: last birthday) 82 yrs.  Manths Days Haurs Min.
I (Give kind af wark done g life, even if retired)  Retired.	Virginia U.S.A.
F. Sullivan	14. MOTHER'S MAIDEN NAME  ( Unknown) Branson
yes, give war or dates of service)	Mr. E. K. Sullivan- Bethesda . Maryland
H [Enter anly ane cause per line far (a), (b), and (c).] H WAS CAUSED BY: MMEDIATE CAUSE (a) MAGCARCH	ial infarction Interval BETWEEN ONSET AND DEATH
, which) DUE TO (b) arterioscleroti	e cardiovascular disease 10 year

_				
	1B. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	Mar	ichal infarction	INTERVAL BETWEEN ONSET AND DEATH Flays
	cause (a), stating the <u>under-</u>	(b) arterioacle	votie cardiovascular diau	ral 10 years
_	lying cause last.	(c)		
5	PART II. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	<u>BEATH</u> BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVI	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 12
CCALL	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	4	OCCURRED. (Enter nature af injury in Part I ar Part II of item 18.)	
5	20c. TIME OF INJURY Manth, Day, Y Haur a.m.	ear 20d. INJURY OCCURRED While Nat while	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	(Caunty) (State)

at wark at wark 196/ that I last saw the deceased 21. I certify that I attended the deceased fram

and that death accurred at 3/15/M, from the causes and an the date stated above. alive an DATE SIGNED ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S Johnson M.D. Plata Marzeland NAME (Type)

 		eavamaryranu_
22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, tawn, ar

22a. BURIAL, CREMATION, BUT 121 (Specify) 1/25/1961 Old Durham Church Cemetery Ironsides 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Archart Funeral Home - La Plata Inc.

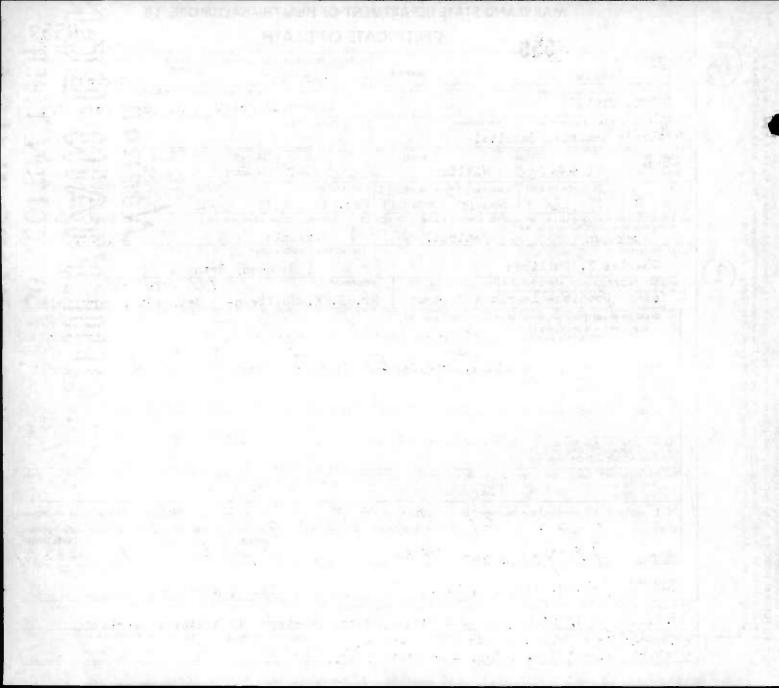
22b. DATE THEREOF

DATE FEB

aring S. Kraus

caunty)

(State)



	556 CERTIFICATE OF	DEATH	Reg. Dist. No. 66554
(M)	1. PLACE OF DEATH O. COUNTY A PLAS MARYLAND 2. USUAL F O. STATE	RESIDENCE (Where deceased lived. If instit	ution: Residence before admission)
Y	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OR TOWN If outside corporate limits, write	RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION  d. STREE	ET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Addie EUL Thamp	OF	mustry 27 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF E	LICITO lost birthdoy	rs IF UNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min.
deodin	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	THPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME  Samuel Dent  14. MOTH	er's maiden name word	All Homes
Inin 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service) (Yes, no. or unknown) (If yes, give wor or dates of service) (Yes, no. or unknown) (Yes, no. or unknown) (Yes, no. or unknown)	1 977	dress
ent within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  443 × DUE TO	it Discere	INTERVAL BETWEEN ONSET AND DEATH
od in any ev	Conditions, if ony, which gove rise to immediate cate (a), stating the underlying cause last.		
lavai, ci	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  A COLLE RESPONSE STORY TO THE	D TO THE TERMINAL DISEASE CONDITION OF	DIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
Or ren	Acute Response Tutes  20a, ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  Acute Response Tutes  20b. DESCRIBE HOW INJURY OCCURRED. (Enfer notu	ure of injury in Port I or Port II of item 18.)	
emation	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work 19 of wor	IRY (Home, form, office bldg., etc.)	(County) (Stote)
urial, cr		at PM, from the causes	that I last saw the decease
or to	ACTUAL SIGNATURE Frank G. Diegon M.D.	ADDRESS (Street, city or tow 5 Indien Gead	
gistrar pri	PHYSICIAN'S Front A. Susan 77.0.	Indian Head	0. 87d
he regis	220. RURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR (Specify) 1/30/6/ Oab Hacel	RY 22d LOCATION (City, town	n, or county) (Stote)
6	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  TOLON CONTROL TO TO THE PROPERTY OF	240. REC'D BY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE
(4) 35	H804 GAIR	7UE NUIT	Time & The sale

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	ATE OF DEATH	CERTIFIC		
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	Total A Company of the report			
		18.	and the second s	
		12H00-1		

TYLAND STATE DEPARTMENT OF STATE OF ARTINOIS, 18

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

557 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00555

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before admission)
1	Charles Maryland	a. STATE Maryland b. COUNTY Charles
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulside corporata limits, write RURAL and give neerest lown)
1	write RURAL and give nearest town) Newburg (Rural)	X Newburg (Rural)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS   a. IS RESIDENCE
	1/	ON A FARM?
===	NAME OF First Middle	YES NO Year
1	DECEASED ( )	of OF
	(Typa or print) / 1000 J. 140,	14750N DEATH / 3 196/
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Age   In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	WIDOWED   DIVORCED	16-25,75 8 215.
10 de	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
	Laboror Farm	Charles County , Md. U.S.A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Frank Thompson	Catherine Swann
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	NFORMANT Addrass
(Y	es, no, or unkown) (Ifyasgive war or detas of servica) No He	nrietta Thomas - Newburg . Maryland
	1 B. CAUSE OF DEATH [Enter only one cause per live for (a), (b), and (c).	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	A CAA+ (DO) PONSET AND DEATH
	IMMEDIATE CAUSE (e)	. 9/1/// 0.0
	DUE TO ALANGE IN	His HONE When
	Conditions, if any, which gave rise to immadiata ceusa	11/2 /19/24 TACN
	(e), stating the underlying DUE TO 17 WAS D	estroyed By First 1-13-61
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
- 5		YES NO
CERTIFICATION		nter netura of injury in Pert I or Part II of itam 18.)
8	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	OME
3	20c. TIME OF INJURY Month, Day, Yaer   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm,   20f. (City or town) (County) (State)
MEDICAL	1 12 1/1 at week The at week The	ory, streat, office bldg., etc.)
8 ~	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural souses . Accident . Suici	
	dean resolved none production of the same	CHIEF MEDICAL EXAMINER
	ACTUAL F S deley	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE	M.D.
	EXAMINER'S NAME (Type)	landa cos (sindar firty, town, of county)
22	BURIAL, CREMATION, 1251 1416 119961 22c. Style ONE 145 the Control of Shilo-Method	
23	B. FUNDERAL DIRECTORY FAMILIAN TAL ADDRESS	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
	Archart Funeral Home . Inc La Plata	, Md. DANAN 19'61 arthur S. Frans
_	21100	1 ****

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12. CITIZEN OF WHAT COUNTRY? II.S.A Address Mr. Joseph E. Tippett - Menhanicsville . Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) 1 - 3 196 that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE DATEJAN 9 Cirthur S. Krous Home

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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e. IS RESIDENCE ON A FARM?

Hours

Day

Days

YES NOF

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BURSO TO STADISTICATE OF BURSON aspentians fait spell and product to the section of the se 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Rasidence before admission) Page a. COUNTY Health b. COUNTY necessary files. Charles MARYLAND Maryland Charles irector. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearest town) your ō La Plata Waldorf d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8. Give Pages 1, 2, and 3 to the funer form PM3. Page 5 may be retained it. File pages 1 and 2 with the State I event within 72 hours etter death. Physicians Memorial Hospital (D.O.A YES NO Y 3. NAME OF 4. DATE Last Month Day Year DECEASED OF (Type or print) CHRISTIAN DEATH Andrew 19 61 WEAVER 24 hours after death. Jamiary 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX AGE (In years | TF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Hours Male White WIDOWED DIVORCED April 26 YES. 1907 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, Engineer U.S. Government Pennsylvania U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian A. Weaver MEDICAL EXAMINER: This certificate should be executed within Elmira A. Kelleer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgive war or dates of service) Office along with to burial-trensit permit amoval, and in any e No Mr. John K. Weaver- Marietta . Pennsylvania Unknown 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carbon Monoxide Poisoning IMMEDIATE CAUSE (a) DEDENTAL removal, 2nd and 3rd Degree Body Burns Conditions, if any, which (b) lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's (
FUNERAL DIRECTOR: Page 3 should be used as a be rits designated egent, prior to burial, cremation, or rem gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? Acute Alcoholism P,d NO YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Fire in Trailer 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) 2/ While Not While 610 at work Trailer Waldorf Charles Md. at work Home 21. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection Inquiry and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S Charles S. Petty NAME (Type) Addrass (Streat, city, town, or county) 22a. BURJAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) \$40 p Henry Eberly Cemetery Removal-Burial 10 Mt. Joy Pennsylvania 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE JAN 12 61 VS. A15ME Cirtimor S. Archart Funeral Home , Inc. \*La Plata , Md. 5M 7/59 DATE

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